

EXHIBIT B

INITIAL NOTICE OF CLAIM FOR DAMAGES AGAINST THE STATE OF NEW JERSEY

FORWARD TO: TORT AND CONTRACT UNIT, CLAIMS SERVICE SECTION
 DEPARTMENT OF THE TREASURY, BUREAU OF RISK MGT.
 CN 620
 TRENTON, NEW JERSEY 08625
 PHONE: (609) 292-4347

* FORM MUST BE FILED WITHIN 90 DAYS OF THE ACCIDENT OR YOU MAY FORFEIT YOUR RIGHT

1. Edwin Polynice 168 Frontage Road - P.O. Box 2300
 NAME OF CLAIMANT STREET ADDRESS
November 15, 1978 NEWARK N.J. 07114
 DATE OF BIRTH CITY STATE ZIP CODE
N/A [REDACTED]
 DAYTIME PHONE#/CONTACT SOCIAL SECURITY NUMBER

2. IF IT IS REQUESTED THAT NOTICES BE SENT TO A PERSON OTHER THAN THE CLAIMANT, SUCH AS YOUR ATTORNEY, PLEASE SEND NOTICE TO:

Jean Ross, Esq. 32 Markham Road
 NAME OF PERSON ST. SET ADDRESS
(609) 9246508 PRINCETON, N.J. 08540
 TELEPHONE NUMBER CITY STATE ZIP CODE

RELATIONSHIP TO CLAIMANT: ☐ ATTORNEY ☒ OTHER Consultant

3. CIRCUMSTANCES REGARDING THE OCCURRENCE OR ACCIDENT:

October 1, 2017 Approx 12:35pm Unit D1E/112 Northern State Prison
 DATE AND TIME LOCATION
NEWARK, New Jersey
 CITY STATE

4. DESCRIBE THE ACCIDENT OR OCCURRENCE:

On September 31, 2017, I/M Polynice, 864138C was assigned to the
detention unit of Northern State Prison (DIE), when he was instructed
by the unit officer, S.C.O. John Doe, (name to be provided upon discovery), to
move into cell 104, top bunk. Polynice explained that due to
medical issues he could not be assigned to a top bunk. He
explained that he had a restriction mandating bottom bunk

ACCIDENT OR OCCURENCE CONTINUED:

Only (see attached). Following this explanation, Polynice was informed that the directive was given by Sgt. Gibson. AND he was thereafter given an order to move. Polynice complied.

On October 1, 2017, at approximately 12:35 pm, Polynice was called to take his daily shower. While stepping down on the stool, Polynice became light-headed, fell, striking his leg against the stool AND his head on the toilet. As a result, he suffered a deep laceration to his forehead requiring 13 stitches AND 5 staples. He also suffered a dislocated right shoulder. Polynice remained in the prison's infirmary for 10 days where he experienced pain throughout his head AND facial area, bruised his leg, head-ache AND dizziness.

It is noted that Polynice was given a bottom bunk only restriction for surgery he had to his leg AS A result or complication of diabetes.

5. STATE THE NAME AND ADDRESS OF ALL WITNESSES TO ABOVE OCCURRENCE:

Polynice will rely on medical records to support his assertions.
He however reserves the right to present witnesses upon
discovery of the identities of inmates assigned

6. STATE THE NAMES AND ADDRESSES OF EACH STATE AGENCY AND EACH STATE EMPLOYEE WHOM YOU CLAIM CAUSED YOUR DAMAGES OR INJURIES.

N.J. Department of Corrections, P.O. Box 863 Trenton, N.J. 08625
S.C.D. John Doe (Name to be provided)(Regular Unit Officer)(Address noted above)
Sgt. Gibson (Supervisor in charge on day in question)(Address noted above)

7. STATE THE NAME AND ADDRESS OF ALL OTHER PERSONS, COMPANIES, OR GOVERNMENTAL AGENCIES WHICH YOU CLAIM ARE RESPONSIBLE FOR YOUR INJURIES OR DAMAGES.

N/A (All parties named above.)

8. BRIEFLY DESCRIBE THE INJURY, DAMAGES AND LOSSES INCURRED BY YOU.

Severe laceration to the forehead/facial area requiring 13 stitches
and 5 staples; dislocated right shoulder; bruises + abrasions
and headaches as a result of head trauma.

9. GIVE THE AMOUNT THAT YOU CLAIM IN DAMAGES: \$ 100,000.00

GIVE THE BASIS FOR CALCULATION OF THE ABOVE DAMAGES:

Aside from the injuries sustained and the act of negligence
others to be provided by counsel in future submissions.

I certify that the foregoing statements made by me are true. I am aware that if any statement made herein is willfully false or fraudulent, I am subject to punishment as provided by law.

Date: 12/19/2017

Edwin Polynice
CLAIMANT OR PERSON FILING ON BEHALF OF CLAIMANT